

BENEFICIARY DESIGNATION (CalPERS)

STD. 241 (REV. 2-2001) (PAGE 1)

INFORMATION AND INSTRUCTIONS

PLEASE READ CAREFULLY

- I. If you die before you retire, the Public Employees' Retirement Law provides for payment of specific Death Benefits to your surviving beneficiaries. Please see your personnel officer for a description of the benefits. The benefits are payable to the following beneficiaries:
 - A. **If you are eligible for retirement on date of death or if you are a State member with at least 20 years of State service credit**, the benefits will be payable to your surviving spouse to whom you have been married for either one year or prior to the onset of the injury or illness that causes your death (whether or not you were still living together at the time of your death). Or, if you do not have an eligible spouse, to your unmarried children under age 18. [Note: If you are married and are either eligible for retirement or are a State member with at least 20 years of State service, you may limit the benefit payable by law to your spouse and name a different beneficiary(ies) to receive a portion of the lump sum benefit. If you wish to do this, you must obtain the "Special CalPERS Beneficiary Designation" form (STD. 241S) available from your personnel office or by calling CalPERS at (800) 352-2238.]
 - B. **If you are a safety or industrial member and your death is determined to be industrial**, the benefit will be payable to your surviving spouse (whether or not you were still living together at the time of your death) or, if none, to your unmarried children under age 22.
 - C. If A and B do **not** apply and there is no valid Beneficiary Designation on file at the time of death, the benefits will be payable to your survivors in the following order: **(Note: If you want your benefits paid to the survivors as listed below, you DO NOT need to complete the Beneficiary Designation form.)**
 1. Your surviving spouse (whether or not you were still living together at the time of your death); or, if none,
 2. Natural and adopted children, including a natural child adopted by another, share and share alike; or, if none,
 3. Parents, share and share alike; or, if none,
 4. Brothers and sisters, share and share alike; or, if none,
 5. Your estate (if probated, or subject to probate), or, if not,
 6. Your trust (if one exists), or, if not,
 7. Stepchildren, share and share alike; or, if none,
 8. Grandchildren, including step-grandchildren, share and share alike; or, if none,
 9. Nieces and nephews, share and share alike; or, if none,
 10. Great-grandchildren, share and share alike; or, if none,
 11. Cousins, share and share alike.
 - D. If A and B do not apply and there **is** a valid Beneficiary Designation on file at the time of death, the benefits will be payable to the beneficiary(ies) you designate on the form. **However, if you are legally married and designate someone other than your spouse, your spouse may still be entitled to his/her community property interest in the death benefits.**
- II. Please use the attached Beneficiary Designation if you wish to designate beneficiaries other than the statutory beneficiaries shown above, or in a different order. You may designate or change the beneficiaries you name at any time if the circumstances described in Part I, A & B do not apply.
 - A. You may name as beneficiary any person or persons, your estate or a corporation. (A corporation must be incorporated under the laws of a state.)
 - B. You may designate a trust as your beneficiary. However, if you wish to designate a trust, the following information should be provided: The name of the trust, date of trust, and name and address of the person with whom the trust is on file.
 - C. Do **not** name a guardian for a minor child. If the money is payable to a minor child, the court-appointed guardian will be responsible for any benefits paid to the child. **(Note: A parent who has custody of a minor child is not required to be appointed by the court as guardian in order to claim a benefit on behalf of their child.)**
- III. Your Beneficiary Designation will be revoked automatically by any of the following events:
 1. Marriage; or
 2. Dissolution or annulment of marriage if **initiated after** the beneficiary designation form was submitted; or
 3. Birth or adoption of a child; or
 4. Termination of employment that results in a refund of your contributions.

If your designation is revoked by one of the above events, benefits will be paid to your statutory beneficiaries as shown in Section 1 above, unless you submit a new Beneficiary Designation.

Please refer to your CalPERS Member Booklet for further details on the above pre-retirement death benefits. A copy of the booklet may be obtained from your personnel office, from your nearest CalPERS office, or by calling (800) 352-2238.

INSTRUCTIONS

SEE REVERSE SIDE OF THIS PAGE

BENEFICIARY DESIGNATION (CalPERS)

STD. 241 (REV. 2-2001) (REVERSE, PAGE 1)

INSTRUCTIONS

1. Press firmly and print clearly with ball point pen or type all information requested. If you make an error, make the necessary correction (do not use correction fluid) and initial the change.
2. Prepare a rough draft list on scratch paper of whom you wish to name, the relationship, social security number and complete address. (The name must be the full given name, as "Mary Jane Smith"; not, "Mrs. John Edward Smith.")
3. Enter on the form the full names of your beneficiaries, relationship, social security number and the complete address for each. (If this form does not provide enough space, you may attach additional sheets provided you indicate whether you are designating "primary" or "secondary" beneficiaries.)
4. You must sign the form in the presence of a witness (other than a named beneficiary) with your full name, as "John Edward Smith".
5. Your spouse must sign the form, in the presence of a witness, to acknowledge the names of the beneficiaries you are designating. **IMPORTANT** – If you are unable to obtain your spouse's signature, you **MUST** complete and return the BSD-800, Justification for Non Signature of Spouse form included in this packet.
6. Have the witness clearly sign the form.
7. Enter the date you signed the form and your current mailing address.
8. Mail original and duplicate of the completed form to the California Public Employees' Retirement System at the address shown.
9. After review and processing, the approved member copy will be returned within six weeks for your records.

PLEASE NOTE:

Your Beneficiary Designation **CANNOT** be processed without either your spouse's signature, or the completed "Justification for Non Signature of Spouse" (BSD-800) form attached. The Beneficiary Designation may be invalid if the form is not dated or if corrections/erasures are not initialed. The effective date of the Beneficiary Designation is the date the completed form is received by the Retirement System.

IMPORTANT INFORMATION

The Information Practices Act of 1977 and the Federal Privacy Act require the California Public Employees' Retirement System to provide the following information to individuals who are asked to supply information. The information requested is collected pursuant to the Government Code Sections (20000, et seq.) and will be used for administration of the Board's duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Failure to supply all of the requested information may result in the System being unable to perform its functions regarding your status. Portions of this information may be transferred to: state and public agency employers, California State Attorney General, Office of the State Controller, Teale Data Center, Franchise Tax Board, Internal Revenue Service, Workers' Compensation Appeals Board, State Compensation Insurance Fund, County District Attorneys, Social Security Administration, beneficiaries of deceased members, physicians, insurance carriers, and various vendors who prepare microfiche/microfilm for CalPERS. Disclosure to these parties is done in strict accordance with current statutes regarding confidentiality.

You have the right to review your membership files maintained by the California Public Employees' Retirement System. For questions concerning your rights under the Information Practices Act of 1977, please contact the Information Practices Act Coordinator, CalPERS, P. O. Box 942702, Sacramento, CA 94229-2702.

BENEFICIARY DESIGNATION (CalPERS)

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		<i>(This Space for CalPERS Use Only)</i>	
TO	PUBLIC EMPLOYEES' RETIREMENT SYSTEM P. O. BOX 942711, SACRAMENTO, CA 94229-2711	ORIGINAL FORM RECEIVED BY CalPERS ON <i>(Date)</i>	
		ORIGINAL FORM APPROVED BY CalPERS ON <i>(Date)</i>	
FROM	MEMBER'S FULL NAME <i>(Please print)</i>	CURRENT EMPLOYER	
	SOCIAL SECURITY NUMBER	BIRTHDATE	TELEPHONE NUMBER

PRIMARY BENEFICIARIES

I hereby designate the following person(s) who survive me as BENEFICIARIES for Death Benefits under the Public Employees' Retirement Law in the event of my death prior to retirement. I understand that if I die after becoming eligible for service retirement, this beneficiary designation may be superseded in certain cases and benefits paid according to law to my eligible surviving spouse or minor children; or, if my death is determined to be industrial, special death benefits will be paid in the manner prescribed by law. If no percentage (%) is given, benefits will be paid SHARE AND SHARE ALIKE. ***I may limit the amount payable to my spouse and name another beneficiary by submitting a Special CalPERS Beneficiary Designation form (STD. 241S).**

FIRST NAME	MIDDLE NAME	LAST NAME	%	RELATIONSHIP TO MEMBER	SOCIAL SECURITY NUMBER
ADDRESS <i>(Number and Street)</i>		<i>(City)</i>		<i>(State)</i>	<i>(ZIP Code)</i>

FIRST NAME	MIDDLE NAME	LAST NAME	%	RELATIONSHIP TO MEMBER	SOCIAL SECURITY NUMBER
ADDRESS <i>(Number and Street)</i>		<i>(City)</i>		<i>(State)</i>	<i>(ZIP Code)</i>

FIRST NAME	MIDDLE NAME	LAST NAME	%	RELATIONSHIP TO MEMBER	SOCIAL SECURITY NUMBER
ADDRESS <i>(Number and Street)</i>		<i>(City)</i>		<i>(State)</i>	<i>(ZIP Code)</i>

SECONDARY BENEFICIARIES

In the event I survive the person(s) named above, I hereby designate the following person(s) who survive me, as BENEFICIARIES. If no percentage (%) given, benefits will be paid SHARE AND SHARE ALIKE.

FIRST NAME	MIDDLE NAME	LAST NAME	%	RELATIONSHIP TO MEMBER	SOCIAL SECURITY NUMBER
ADDRESS <i>(Number and Street)</i>		<i>(City)</i>		<i>(State)</i>	<i>(ZIP Code)</i>

FIRST NAME	MIDDLE NAME	LAST NAME	%	RELATIONSHIP TO MEMBER	SOCIAL SECURITY NUMBER
ADDRESS <i>(Number and Street)</i>		<i>(City)</i>		<i>(State)</i>	<i>(ZIP Code)</i>

Should I survive all of the persons named above, I understand that the benefits payable on account of my death will be paid to my statutory beneficiaries, or to such other beneficiary or beneficiaries that I may hereafter designate in writing to the Board of Administration, all in accordance with the applicable provisions of law.

BY THIS BENEFICIARY DESIGNATION, I HEREBY REVOKE ANY PREVIOUS DESIGNATION I HAVE FILED. I UNDERSTAND THAT MY MARRIAGE, INITIATION OF DISSOLUTION OR ANNULMENT OF MY MARRIAGE, OR THE BIRTH OR ADOPTION OF A CHILD SUBSEQUENT TO THE DATE I EXECUTE THIS FORM WILL AUTOMATICALLY VOID THIS DESIGNATION.

MEMBER		SPOUSE	
SIGNATURE <i>(Member's Full Name)</i>		By signing this beneficiary designation form, I acknowledge the information entered by my spouse.	
ADDRESS <i>(Number and Street)</i>		SPOUSE'S SIGNATURE <i>(IMPORTANT - if no signature or certification, the attached BSD-800 must be completed)</i>	
<i>(City)</i>		<i>(State)</i>	
<i>(Zip Code)</i>		WITNESS <i>(Cannot be a beneficiary)</i>	
		WITNESS' SIGNATURE	
<input type="checkbox"/> I certify under penalty of perjury that I am not legally married (never married, divorced, widowed).			

BENEFICIARY DESIGNATION (CalPERS)

STD. 241 (REV. 2-2001) (PAGE 3)

**THIS COPY WILL BE RETURNED WITHIN SIX
WEEKS OF RECEIPT BY CalPERS**

TO	PUBLIC EMPLOYEES' RETIREMENT SYSTEM P. O. BOX 942711, SACRAMENTO, CA 94229-2711	<i>(This Space for CalPERS Use Only)</i>	
		ORIGINAL FORM RECEIVED BY CalPERS ON <i>(Date)</i>	
FROM	MEMBER'S FULL NAME <i>(Please print)</i>	ORIGINAL FORM APPROVED BY CalPERS ON <i>(Date)</i>	
	SOCIAL SECURITY NUMBER	BIRTHDATE	TELEPHONE NUMBER

PRIMARY BENEFICIARIES

I hereby designate the following person(s) who survive me as BENEFICIARIES for Death Benefits under the Public Employees' Retirement Law in the event of my death prior to retirement. I understand that if I die after becoming eligible for service retirement, this beneficiary designation may be superseded in certain cases and benefits paid according to law to my eligible surviving spouse or minor children; or, if my death is determined to be industrial, special death benefits will be paid in the manner prescribed by law. If no percentage (%) is given, benefits will be paid SHARE AND SHARE ALIKE. ***I may limit the amount payable to my spouse and name another beneficiary by submitting a Special CalPERS Beneficiary Designation form (STD. 241S).**

FIRST NAME	MIDDLE NAME	LAST NAME	%	RELATIONSHIP TO MEMBER	SOCIAL SECURITY NUMBER
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ADDRESS <i>(Number and Street)</i>	<i>(City)</i>	<i>(State)</i>	<i>(ZIP Code)</i>
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FIRST NAME	MIDDLE NAME	LAST NAME	%	RELATIONSHIP TO MEMBER	SOCIAL SECURITY NUMBER
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ADDRESS <i>(Number and Street)</i>	<i>(City)</i>	<i>(State)</i>	<i>(ZIP Code)</i>
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FIRST NAME	MIDDLE NAME	LAST NAME	%	RELATIONSHIP TO MEMBER	SOCIAL SECURITY NUMBER
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ADDRESS <i>(Number and Street)</i>	<i>(City)</i>	<i>(State)</i>	<i>(ZIP Code)</i>
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BY THIS BENEFICIARY DESIGNATION, I HEREBY REVOKE ANY PREVIOUS DESIGNATION I HAVE FILED. I UNDERSTAND THAT MY MARRIAGE, INITIATION OF DISSOLUTION OR ANNULMENT OF MY MARRIAGE, OR THE BIRTH OR ADOPTION OF A CHILD SUBSEQUENT TO THE DATE I EXECUTE THIS FORM WILL AUTOMATICALLY VOID THIS DESIGNATION.

MEMBER	SPOUSE
SIGNATURE <i>(Member's Full Name)</i>	By signing this beneficiary designation form, I acknowledge the information entered by my spouse.
DATE	SPOUSE'S SIGNATURE (IMPORTANT - if no signature or certification, the attached BSD-800 must be completed)
ADDRESS <i>(Number and Street)</i>	
<i>(City)</i>	<i>(State)</i>
<i>(Zip Code)</i>	WITNESS (Cannot be a beneficiary)
	WITNESS' SIGNATURE
<input type="checkbox"/> I certify under penalty of perjury that I am not legally married (never married, divorced, widowed).	

BENEFICIARY DESIGNATION (CalPERS)

STD. 241 (REV. 2-2001) (REVERSE, PAGE 3)

DESIGNATION OF BENEFICIARIES

- I. If you die before you retire, the Public Employees' Retirement Law provides for payment of specific Death Benefits to your surviving beneficiaries. Please see your personnel officer for a description of the benefits. The benefits are payable to the following beneficiaries:
- A. **If you are eligible for retirement on date of death or if you are a State member with at least 20 years of State service credit**, the benefits will be payable to your surviving spouse to whom you have been married for either one year or prior to the onset of the injury or illness that causes your death (whether or not you were still living together at the time of your death). Or, if you do not have an eligible spouse, to your unmarried children under age 18. [Note: If you are married and are either eligible for retirement or are a State member with at least 20 years of State service, you may limit the benefit payable by law to your spouse and name a different beneficiary(ies) to receive a portion of the lump sum benefit. If you wish to do this, you must obtain the "Special CalPERS Beneficiary Designation" form (STD. 241S) available from your personnel office or by calling CalPERS at (800) 352-2238.]
 - B. **If you are a safety or industrial member and your death is determined to be industrial**, the benefit will be payable to your surviving spouse (whether or not you were still living together at the time of your death) or, if none, to your unmarried children under age 22.
 - C. If A and B do **not** apply and there is no valid Beneficiary Designation on file at the time of death, the benefits will be payable to your survivors in the following order: **(Note: If you want your benefits paid to the survivors as listed below, you DO NOT need to complete the Beneficiary Designation form.)**
 - 1. Your surviving spouse (whether or not you were still living together at the time of your death); or, if none,
 - 2. Natural and adopted children, including a natural child adopted by another, share and share alike; or, if none,
 - 3. Parents, share and share alike; or, if none,
 - 4. Brothers and sisters, share and share alike; or, if none,
 - 5. Your estate (if probated, or subject to probate), or, if not,
 - 6. Your trust (if one exists), or, if not,
 - 7. Stepchildren, share and share alike; or, if none,
 - 8. Grandchildren, including step-grandchildren, share and share alike; or, if none,
 - 9. Nieces and nephews, share and share alike; or, if none,
 - 10. Great-grandchildren, share and share alike; or, if none,
 - 11. Cousins, share and share alike.
 - D. If A and B do not apply and there **is** a valid Beneficiary Designation on file at the time of death, the benefits will be payable to the beneficiary(ies) you designate on the form. **However, if you are legally married and designate someone other than your spouse, your spouse may still be entitled to his/her community property interest in the death benefits.**
- II. Please use the attached Beneficiary Designation if you wish to designate beneficiaries other than the statutory beneficiaries shown above, or in a different order. You may designate or change the beneficiaries you name at any time if the circumstances described in Part I, A & B do not apply.
- A. You may name as beneficiary any person or persons, your estate or a corporation. (A corporation must be incorporated under the laws of a state.)
 - B. You may designate a trust as your beneficiary. However, if you wish to designate a trust, the following information should be provided: The name of the trust, date of trust, and name and address of the person with whom the trust is on file.
 - C. Do **not** name a guardian for a minor child. If the money is payable to a minor child, the court-appointed guardian will be responsible for any benefits paid to the child. **(Note: A parent who has custody of a minor child is not required to be appointed by the court as guardian in order to claim a benefit on behalf of their child.)**
- III. Your Beneficiary Designation will be revoked automatically by any of the following events:
- 1. Marriage; or
 - 2. Dissolution or annulment of marriage if **initiated after** the beneficiary designation form was submitted; or
 - 3. Birth or adoption of a child; or
 - 4. Termination of employment that results in a refund of your contributions.

If your designation is revoked by one of the above events, benefits will be paid to your statutory beneficiaries as shown in Section 1 above, unless you submit a new Beneficiary Designation.

Please refer to your CalPERS Member Booklet for further details on the above pre-retirement death benefits. A copy of the booklet may be obtained from your personnel office, from your nearest CalPERS office, or by calling (800) 352-2238.



Benefit Services Division
P.O. Box 942711
Sacramento, CA 94229-2711
(800) 352-2238
TDD - (916) 326-3240; FAX (916) 326-3933

JUSTIFICATION FOR NON SIGNATURE OF SPOUSE

Pursuant to Government Code Section 21261, the member's current spouse must be made aware of the selection of benefits or change of beneficiary made by a member. The spouse of a CalPERS member must acknowledge the submission of a request for refund of contributions; election of retirement optional settlement; and designation of beneficiary for Pre-retirement Death Benefits.

If a spouse's signature does not appear on one of the above-mentioned documents, the following information **MUST** be completed by the member and submitted with the application/form.

SOCIAL SECURITY NUMBER	MEMBER'S NAME (TYPED OR PRINTED)
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APPLICATION SUBMITTED
BENEFICIARY DESIGNATION (CalPERS), STD. 241

- ☐ I am not legally married (never married, divorced, widow/er).
- ☐ I am married, but my spouse did not sign the form because either:

☐ I do not know and have taken all reasonable steps to determine the whereabouts of my spouse; **OR**

☐ My spouse has been advised of the application and has refused to sign the written acknowledgement; **OR**

☐ My spouse is incapable of executing the acknowledgement because of an incapacitating mental or physical condition; **OR**

☐ My spouse has no identifiable community property interest in the benefit; **OR**

☐ My spouse and I have executed a marriage settlement agreement which makes the community property law inapplicable to the marriage.

I certify under penalty of perjury that the foregoing information is true and correct.

MEMBER'S SIGNATURE	DATE SIGNED
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